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Approved for use through 10/31/2002. OMB 0651-0032

U S Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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**DECLARATION (37 CFR 1.63) FOR UTILITY OR DESIGN APPLICATION USING AN
APPLICATION DATA SHEET (37 CFR 1.76)**

As the below named inventors, we declare that:

This declaration is directed to:

- ☐ The attached application, or
☒ Application No. 09/977,052, filed on October 12, 2001,
☐ as amended on _____ (if applicable);

We believe that we are the original and first inventors of the subject matter which is claimed and for which a patent is sought;

We have reviewed and understand the contents of the above-identified application, including the claims, as amended by any amendment specifically referred to above;

We acknowledge the duty to disclose to the United States Patent and Trademark Office all information known to us to be material to patentability as defined in 37 CFR 1.56, including material information which became available between the filing date of the prior application and the National or PCT International filing date of the continuation-in-part application, if applicable; and

All statements made herein of our own knowledge are true, all statements made herein on information and belief are believed to be true, and further that these statements were made with the knowledge that willful false statements and the like are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001, and may jeopardize the validity of the application or any patent issuing thereon.

FULL NAME OF INVENTOR(S)

Inventor one: Benjamin D. Pless

Signature: *Benjamin D. Pless* Citizen of: United States

Inventor two: Thomas K. Tcheng

Signature: *Thomas K. Tcheng* Citizen of: United States

Inventor three: Eyad Kishawi

Signature: *Eyad Kishawi* Citizen of: United States

Inventor four: Barbara Gibb

Signature: *Barbara Gibb* Citizen of: United States

☒ Additional inventors are being named on 1 additional form(s) attached hereto.

Burden Hour Statement: This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is used by the public to file (and the PTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This form is estimated to take 1 minute to complete. This time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

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FULL NAME OF INVENTOR(S)

Inventor one: Javier Echauz

Signature: Javier Echauz

Citizen of: United States

Inventor two: Rosana Esteller

Signature: Rosana Esteller

Citizen of: United States

Inventor three: _____

Signature: _____

Citizen of: _____

Inventor four: _____

Signature: _____

Citizen of: _____

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POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	09/977,052
Filing Date	October 12, 2001
First Named Inventor	PLESS, Benjamin D.
Group Art Unit	3762
Examiner Name	
Attorney Docket Number	N02-01

I hereby appoint:

☒ Practitioners at Customer Number

26,876

OR

☐ Practitioner(s) named below:



26876

NeuroPace, Inc.

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application to:

☐ The above-mentioned Customer Number.

OR

☐ Firm or
Individual Name

Address

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State

Zip

Country

Telephone

Fax

I am the:

☐ Applicant/Inventor.

☒ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Name

Benjamin D. Pless, CTO

Signature

Benjamin D. Pless

Date

February 28, 2002

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☐ *Total of _____ forms are submitted.

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